(Rev. 02/2015)

CFC/PAS SELF-DIRECT SERVICES DELIVERY RECORD

Su	Employee Name	ame Medicaid ID (optional) P								Pay Period (Mo/Day/Yr)- Mo/Day/Yr)						
Employees must complete all sections of the service delivery record in order to obtain payment. Time In			Su	М	т	w	Th	F	S	Su	М	Т	w	Th	F	S
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